to be. But if you are denied the right to see an oncologist by an HMO, we put a price tag on that. It cannot be worth anything more than $1.5 million.

Then there is the problem of the hospital and the doctor sitting side-by-side at the defense table next to the HMO. The hospital and the doctor will have their claim against them decided under State law.

□ 1630

But the HMO has an exalted, special status. The HMO has this new overnight, ready-mix cause of action. The doctor and the hospital will have their claims decided under State evidence laws, State procedure, State discovery, State privileges.

We do not know what will apply to the HMO, because it is not in the bill; we will make it up as we go along. And when you get to the point where the verdict has been rendered, if, let us say, there is a $10 million verdict and there is what is called joint and several liability, which means the patient can go after any of the three defendants to collect, well, you can collect an unlimited amount against the doctor, and you can collect an unlimited amount against the hospital, but we, with our one-size-fits-all solution, all of us States' rights advocates say, you can only collect $1.5 million against the HMO.

This is a Pandora's box. If my colleagues believe in the rights of doctors, listen to the American Medical Association, which rejects the Norwood amendment. If my colleagues believe in States' rights, listen to the coalition of groups that support the underlying bill.

Mrs. JOHNSON of Connecticut. Mr. Chairman, I yield myself such time as I may consume.

Let me set the record straight on a couple of specific things. First of all, there is nothing in the amendment at all that changes the standard of care, and all of the heated speeches of the other side that implied that were simply wrong. We do not change the standard of care.

Secondly, according to a Department of Justice letter, both the Norwood language and the Ganske-Dingell language contain express provisions which preserve certain traditional State law causes of action concerning the practice of medicine or the delivery of medical care. The language of both these underlying bills, both the underlying bill and the amendment, indicates that these provisions would allow, for example, claims under the Texas statute as interpreted in corporate health to go forward.

Mr. Chairman, I yield the remainder of my time to the gentleman from Louisiana (Mr. MCCRERY).

Mr. MCCRERY. Mr. Chairman, I thank the gentlewoman for yielding.

First of all, let me explain so everybody understands, there is no limitation in the Norwood amendment for economic damages. In other words, a plan, a person, a patient who was injured by a health plan's actions can recover the full extent of his economic damages, all his medical bills, all his lost wages, future lost wages. That is not at issue. That is not limited under Norwood.

What is limited under Norwood is what we call ''general damages,'' pain and suffering, mental anguish, things that cannot be quantified and punitive damages.

Mr. Chairman, the Norwood amendment is the best thing that this House has before it today to solve the problem of HMO abuse, of patients not having real access to recovery under Federal law today. I agree that it is not sufficient. Federal law today is not sufficient to allow a patient to redress wrongs done by a health plan.

But the Ganske-Dingell bill goes way too far. It really endangers the health care system as we know it. It will increase the costs of the health care system, and that is the last thing we need in this country.

When we talk about damages and unlimited damages and we keep talking about the AMA, I will refer my colleagues to some testimony by the AMA. In 1996, Dr. Nancy Dickey, the then-Chair of the AMA board of trustees testified, ''Placing limits on punitive damage awards without simultaneously addressing noneconomic damages would lead to gaming of the system. If only punitive damages are capped, leaving noneconomic awards with no ceiling, plaintiffs' lawyers would simply change their complaints to plead greater economic damages.''

The Norwood amendment rightly takes account of that reality and does place a limitation on noneconomic damages as well as punitive damages.

Mr. Chairman, the Norwood amendment seeks to give patients redress and yet not clog the courts, not open wide the gates of litigation. The Norwood amendment will allow patients to get that relief most quickly. They do not have to go through the courts. We provide for an expedited review by a panel of physicians and, after all, I think that is what everybody has been begging for is for doctors to make medical decisions. The Norwood amendment does that.

It is the superior bill before us. Let us adopt that and do something for patients in this country.

Mr. BOEHNER. Mr. Chairman, I yield myself 3 minutes.

Mr. Chairman, just 6 months into his Presidency, President Bush has worked with the gentleman from Georgia (Mr. NORWOOD) and the gentleman from Kentucky (Mr. FLETCHER) to bring 6 years of gridlock to an end.

I remember when I met the gentleman from Georgia in the autumn of 1994 down in Georgia; he was running his first campaign. As we went around his district that day, his constituents were eager for health care reform, and I think Americans today are just as eager for reform of the health care system. Families are worried about soaring costs, they are worried about declining access, and they are worried about access to quality health care. I think they want a reasonable solution.

Seven years later, families are still waiting for that solution. The number of uninsured Americans remains very high, at some 43 million today, and health care costs are on the rise once again. Cost and access remain the top two health care concerns of most Americans.

But Americans today are also concerned about the quality of coverage they receive for managed care, and they want a comprehensive solution to the problems that they see each and every day. But as much as they want a solution, they want a balanced approach that will let patients hold their health plans accountable without sending costs spiraling into the stratosphere and increasing the ranks of the uninsured.

There is no one, no one in this Congress over the last 6½ years who has done more to bring this issue to our attention and to bring it to the attention of the American people than the gentleman from Georgia (Mr. NORWOOD). He has put his heart and his soul into trying to find a compromise, trying to find a solution for this problem that we have been locked in over the last 6 years. I think what he wants and what he has said oftentimes to all of us is that he wants a bill signed into law.

Well, I think the President shares that goal. I share that goal, and I think the American people share that goal. They want a solution that will be signed into law, and I think that we finally have that solution.

I want to thank the gentleman from Georgia (Mr. NORWOOD) and I want to praise the President for reaching out to him and other Members in trying to find a solution to 7 years of legislative gridlock.

The underlying bill that we have before us causes me great concern, because I do believe it will raise costs for employers and their employees who share in the cost of their health insurance. Secondly, the underlying bill, in my view, will cause many employers to simply drop their health care coverage for their employees. That is not what the American people expect from their Congress.

One of the real strengths of the Norwood approach is that it is balanced, is that it will bring patient protections, it will increase access to courts, it will bring new remedies, but it will contain them so that we do not drive up the cost of health care for American employers and their employees. But I think the proposal that we have before us is a hard-earned compromise, and when we compromise here, it is the American people who win, and they are going to win when we pass this bill later on tonight.

Mr. Chairman, I reserve the balance of my time.

Mr. STARK. Mr. Chairman, I yield 1½ minutes to the gentleman from